

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/23/2018
FORM APPROVED
OMB NO. 0938-0391

45th day / 70th day
4-8-18 / 5-3-18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC#		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2018
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 215 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 02/20/2018. During this Life Safety Survey, Signature of Portland was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012. The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: No architectural drawings with legible life safety drawings were found.	K 000	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 2/20/18 Plant Ops Director lowered the latching mechanism on the memory care courtyard gate.		
K 200 SS=D	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the emergency exits.	K 200	How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken On 3/5/18, Plant Ops Director completed a 100% audit of all latching mechanisms on gates outside of the facility to ensure latching mechanism were under limit. What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by facility administrator on latching mechanism height.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Casey Malone

TITLE

Administrator

(X6) DATE

3/12/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 200	Continued From page 1 The finding included: Observation on 2/20/18 at 12:07 PM, revealed the Memory Care courtyard gate latching mechanism was installed 59 inches above the finished surface. NFPA 101, 19.2.1 (2012 Edition) NFPA 101, 7.2.1.5.10.1(2012 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 200	How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: Beginning on 3/5/18 Plant Ops Director will do 100% weekly audit of latching mechanisms on facility gates and will correct any negative observations immediately. The QAPI committee will review audits completed to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.	4/7/18	
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the emergency exits. The finding included: Observation on 2/20/18 at 12:09 PM, revealed the Memory Care emergency exit (outside) obstructed by patio furniture. NFPA 101, 19.2.1 (2012 Edition) NFPA 101, 7.1.10.2.1 (2012 Edition) The maintenance director was present when this deficiency was identified and it was later	K 211	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 3/2/18, Plant Ops director cleared the emergency exit from patio furniture. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken Beginning 3/2/18 Plant Ops director completed 100% audit of all emergency exits to ensure that they were not obstructed.		

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K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the emergency exits. The finding included: Observation on 2/20/18 at 12:09 PM, revealed the Memory Care emergency exit (outside) obstructed by patio furniture. NFPA 101, 19.2.1 (2012 Edition) NFPA 101, 7.1.10.2.1 (2012 Edition) The maintenance director was present when this deficiency was identified and it was later	K 211	What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by facility administrator that emergency exits cannot be obstructed. On 3/12/18 Plant Ops Director began educating staff that emergency exits cannot be obstructed. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: Beginning on 3/5/18, Plant Ops director will complete a weekly audit of all emergency exits to ensure that they are not obstructed. The QAPI committee will review audits completed to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.	4/7/18

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K 211	Continued From page 2 acknowledged by the administrator during the exit conference on 2/20/18.	K 211			
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observations and testing, the facility failed to maintain the cross corridor doors. The finding included: Observation and testing on 2/20/18 at 10:40 AM, revealed the cross corridor doors next to Therapy (1 of 2) are not self-closing within the frame. NFPA 101, 19.3.7.8 (2012 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 223	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 2/22/18 Plant Ops Director fixed the cross corridor door next to therapy and it is now self-closing within the frame.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken 100% Audit of cross corridor doors was completed by Plant Ops Director on 3/9/18 to ensure that the doors are self-closing within the frame.</p> <p>What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by facility administrator that cross corridor doors must be self-closing within the frame.</p> <p>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: Beginning 3/5/18 Plant Ops Director will complete a weekly audit of all cross</p>		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101	K 324			

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K 211	Continued From page 2	K 211			
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observations and testing, the facility failed to maintain the cross corridor doors. The finding included: Observation and testing on 2/20/18 at 10:40 AM, revealed the cross corridor doors next to Therapy (1 of 2) are not self-closing within the frame. NFPA 101, 19.3.7.8 (2012 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 223	corridor doors to ensure that the doors are self-closing within the frame. The QAPI committee will review audits completed to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.	4/7/18	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101	K 324			

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K 324	Continued From page 3 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on interviews, the facility failed to properly educate staff on fire safety procedures in the kitchen. The finding included: Interview with kitchen staff on 2/20/18 at 10:56 AM, revealed the staff was not familiar with procedures in the event of a kitchen fire. NFPA 101, 19.3.2.5.1 (2012 Edition) NFPA 101, 9.2.3	K 324	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 2/21/18, Plant Ops Director completed 1:1 education with kitchen staff member that did not know the procedures in the event of a kitchen fire. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken On 2/21/18, Plant Ops Director began educating kitchen staff on fire safety procedures in the kitchen. What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops director was educated by the facility administrator that kitchen staff must be educated on the procedures in the event of a kitchen fire. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: Beginning on 3/5/18, Plant Ops Director will do education weekly for kitchen staff to ensure that they are familiar with procedures in the event of a kitchen fire. Beginning on 3/12/18, Plant Ops Director will complete unannounced fire drills in the kitchen weekly to ensure they are		

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K 324	Continued From page 4 (2012 Edition) NFPA 96, 11.1.4 (2011 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 324	familiar with procedures in the event of a kitchen fire. The QAPI committee will review audits to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.	4/7/18	
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the clearance around fire alarm manual pull stations. The finding included: Observation on 2/20/18 at 9:41 AM, revealed carts obstructing the manual fire alarm station beside the kitchen. NFPA 101, 19.3.4.1 (2012 Edition) NFPA 101, 9.6 (2012 Edition) NFPA 72, 17.14.5 (2010 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 345	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 2/20/18, Plant Ops Director moved the carts that were obstructing the manual fire alarm station beside the kitchen. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken On 3/5/18 Plant Ops Director completed an audit of all manual fire alarm stations to ensure they were not obstructed What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by facility administrator that fire alarm stations cannot be blocked. On 3/5/18 Plant Ops Director began education with staff members on not blocking fire alarm stations.		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353			

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K 324	Continued From page 4 (2012 Edition) NFPA 96, 11.1.4 (2011 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 324			
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the clearance around fire alarm manual pull stations. The finding included: Observation on 2/20/18 at 9:41 AM, revealed carts obstructing the manual fire alarm station beside the kitchen. NFPA 101, 19.3.4.1 (2012 Edition) NFPA 101, 9.6 (2012 Edition) NFPA 72, 17.14.5 (2010 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 345	How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: Beginning on 3/5/18, Plant Ops Director will begin weekly audits of pull stations to ensure they are free from obstruction. The QAPI committee will review audits to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.	4/7/18	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353			

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K 353	Continued From page 5 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system. The findings included: Observations on 2/20/18 at 9:30 AM-12:32 PM revealed sprinkler deficiencies in the following locations: a. Patient rooms 1-11 (corroded sprinklers over patient beds) b. Nurse station 1 patient bath (corroded sprinkler) c. Emergency exit by 142 (corroded sprinkler) outside d. Outside of the basement entrance (corroded sprinkler) e. Inside the basement area throughout (corroded	K 353	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 2/23/18, Plant Ops Director scheduled Century Fire Protection to give a quote and scheduled repairs for the corroded sprinklers. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken On 3/5/18, Plant Ops director completed audit of sprinklers throughout the facility. What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by the facility administrator that corroded sprinkler heads must be replaced. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: Beginning 3/5/18 Plant Ops Director will complete weekly audits of sprinkler heads to ensure there are no corroded sprinklers. The QAPI committee will review audits to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.	4/7/18

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K 353	Continued From page 6 sprinklers) NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.1 (2011 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition) NFPA 25, 5.2.1.1.3 (2011 Edition) The maintenance director was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 2/20/18.	K 353			
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the clearance around electrical panels. The finding included: Observation on 2/20/18 at 10:30 AM, revealed electrical panels obstructed by tables and chairs in the Therapy room. NFPA 101, 19.5.1 (2012 Edition) NFPA 101, 9.1(2012 Edition) NFPA 70, 110.26 (2012 Edition)	K 511	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 2/20/18 therapy staff moved the table and chairs in the Therapy room that were obstructing the electrical panels. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken On 2/22/18, Plant Ops Director audited other electrical panels in the facility to ensure they were not obstructed. What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by facility administrator that electrical panels cannot be obstructed. On 3/5/18, Plant Ops director began education with staff members on not obstructing electrical panels.		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2018
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 215 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 353	Continued From page 6 sprinklers) NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.1 (2011 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition) NFPA 25, 5.2.1.1.3 (2011 Edition) The maintenance director was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 2/20/18. K 511 Utilities - Gas and Electric SS=D CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the clearance around electrical panels. The finding included: Observation on 2/20/18 at 10:30 AM, revealed electrical panels obstructed by tables and chairs in the Therapy room. NFPA 101, 19.5.1 (2012 Edition) NFPA 101, 9.1(2012 Edition) NFPA 70, 110.26 (2012 Edition)	K 353			
		K 511	How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: Beginning 3/5/18, Plant Ops director will complete weekly audits of electrical panels to ensure that they are not obstructed. The QAPI committee will review audits to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.		4/7/18

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K 511	Continued From page 7 The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18.	K 511			
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on document review and observations, the facility failed to maintain the fire dampers. The findings included: 1. Document review on 2/20/18 at 11:32 AM, revealed two (2) fire dampers had been installed and no documentation produced for a re inspection after one (1) year. The report was dated 11/13/15. NFPA 101, 19.5.2 (2012 Edition) NFPA 101, 19.5.2 (2012 Edition) NFPA 101, 19.5.2 (2012 Edition) NFPA 90A, 5.4.7.1 (2012 Edition) NFPA 80, 19.4.1 (2010 Edition) 2. Observation on 2/20/18 at 12:10 PM, revealed the HVAC duct penetrating the fire wall beside the Therapy did not have a visible access door for a damper inspection. NFPA 101, 19.5.2 (2012 Edition) NFPA 101, 19.5.2 (2012 Edition) NFPA	K 521	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: A. On 3/9/18 Plant Ops Director called Century Fire Protection and scheduled an inspection for fire dampers in the facility. B. On 3/9/18 Interstate AC came to the facility and measured for the part to fix the access door to the fire damper. The part was ordered 3/9/18 and will be installed when it arrives. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken A. Beginning 3/9/18 Plant Ops Director audited the fire dampers in the facility to ensure that they had been reinspected. B. Beginning 3/9/18, Plant Ops Director completed an audit of HVAC duct penetration to ensure there was a visible access door for a damper inspection. What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur.		

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K 521	Continued From page 8 101, 19.5.2 (2012 Edition) NFPA 90A, 5.4.7.1 (2012 Edition) NFPA 80, 19.2.3 (2010 Edition) The maintenance director was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 2/20/18.	K 521	A. On 3/5/18, Plant Ops Director was educated by facility administrator that fire dampers must reinspected with documentation of the inspection. B. On 3/5/18, Plant Ops Director was educated by the facility administrator that HVAC duct penetrating the fire wall must have a visible access door for damper inspection. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur: A. Beginning 3/5/18 Plant Ops Director will complete monthly audits of fire dampers in the facility to ensure inspections have been completed. B. Beginning on 3/5/18, Plant Ops Director will complete monthly audits of HVAC duct penetration and ensure there is a visible access door. The QAPI committee will review audits to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the <u>frequency of the audit going forward</u>	4/7/18	